

# Change of Iowa EMS Status Application

Iowa Department of Public Health  
Bureau of Emergency Medical Services  
Lucas State Office Building  
321 E 12<sup>th</sup> St  
Des Moines, Iowa 50319  
(515) 281-0620 or (800) 728-3367

## Section A: Applicant Information

Last Name

First Name

MI

Home Mailing Address

City

State

Zip Code

Sex

☐

Male

☐

Female

Date of Birth

/

/

Age

Phone Number

-

-

Email Address

## Section B: Requested Change

Current Iowa EMS Certification

-

-

-

Expiration Date

/

/

I am requesting that the status of my Iowa EMS Certification be changed to (select one):

☐ INACTIVE

☐ RETIRED

☐ LOWER LEVEL (select below)

If changing to a lower level of certification, please indicate requested level:

☐ EMR

☐ EMT

☐ AEMT

☐ Paramedic

## Section C: Verification

I am requesting that the status of my current Iowa EMS certification be changed as indicated above. I also understand that in order to re-activate my Iowa EMS certification I will need to complete the reinstatement process as outlined in the Iowa Administrative Code 641—131. I further understand that I may not be able to function as a current Iowa EMS provider with this requested change.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date